

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107521061

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	2		1			
5	1		1			
6	0	0	1			
7	0	0				
8	0	0				
9	0	0				
10	1		1			
11	1					
12	1					
13	1					
14	4					
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50						
TOTAL IND.	2		2			
TOTAL DEP.	17	←	12	←	←	
TOTAL CLAIMS	19		17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						